

Senator ENZI had been talking about. We need patients to get the care they need from a doctor they choose at lower costs. That is what Republicans are committed to, and that is what Republicans, in spite of today's ruling by the Supreme Court, will continue to work for.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. MURPHY. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mrs. FISCHER). Without objection, it is so ordered.

AFFORDABLE CARE ACT

Mr. MURPHY. Madam President, hopefully, we can move on. After a Presidential election, two Supreme Court cases, 60-plus votes to repeal the Affordable Care Act in the House of Representatives, and endless debates here in the Senate, maybe now is the moment where Republicans will choose to close the books on trying to strip away from millions of Americans the benefits they have received from the Affordable Care Act. This is an important day for over 10 million Americans who have health care right now because of the Affordable Care Act. I would argue it is an important day as well for the separation of powers and the recognition that it is the legislative body that sets the policy for this country.

I just wanted to come down to the floor for a few minutes to express my hope and my desire that proponents of the Affordable Care Act—such as myself, Senator STABENOW, and Senator BALDWIN—who have come down to the floor over and over during the course of the last 3 years don't have to do it anymore. I would love to come down to the floor and talk about the need to fix our transportation system or the need for mental health reform. I would love to talk about tax reform. I have come down to the floor over and over to defend the Affordable Care Act simply because it has been perpetually under attack despite the fact that its successes are now unparalleled.

Justice Roberts, in the decision today—I won't quote from it at length—said: "Congress passed the Affordable Care Act to improve health insurance markets, not to destroy them." That is essentially the operative phrase in today's decision. We passed the Affordable Care Act to improve health insurance marketplaces, not to destroy them, and that is what it has done. It has improved marketplaces all across the country. Why? Because people have voted with their feet. The 10 to 11 million people who signed up for either expanded Medicare, Medicaid coverage or these exchanges have shown us that the law works as in-

tended because they didn't stay out or deem it to be unaffordable. They stepped in and bought coverage.

We should now be in the business of perfecting this law. None of us, frankly, think that this law is perfect. Many of us are open to conversations about how to make it better and how to perfect it. Now that the Supreme Court has completely shut the door to a judicial repeal of the act, and after having debate after debate, hopefully it is clear that there are not the votes—nor the support, obviously, in the executive branch—to repeal the act, and we can move on to something else.

This is an old chart of mine that I have in the Chamber. I brought this down to the floor several months ago when a colleague of ours suggested that the administration shouldn't be celebrating the successes of the Affordable Care Act, as if people receiving health insurance for the first time in their life wasn't something to celebrate, as if 17 million children with preexisting conditions who will never have their health care taken away from them wasn't something to celebrate, and as if 9.4 million senior citizens who are saving \$15 billion on drugs isn't something to celebrate. I get excited when I talk about the Affordable Care Act not only because it is a really sober and important topic but because when I talk to my constituents back home, they are excited. They are bubbling over with enthusiasm. Those of them who never had the chance to get health coverage before the Affordable Care Act and those who worried every single night, sick that their child wouldn't be able to live a normal life because their existence would be obsessed with whether they were able to cover their complicated illness with insurance, are bubbling over with enthusiasm.

There are millions of people who are celebrating this decision today, and it is a sober day because, hopefully, we will be able to have a conversation about how we can move on to another topic. But it is a day to celebrate, not only for the 6.4 million Americans, first and foremost, who would have had their insurance taken away by an adverse decision, but for all Americans who would have been caught up in an insurance death spiral had the decision gone the other way.

I hope we can limit our discussions about the Affordable Care Act to ways in which we can make it work better.

So I hope we can now spend more time talking about other topics that matter to this country. I hope the House of Representatives decides to give up this obsession with repealing the Affordable Care Act, which is something that is simply not going to happen. And for its opponents out in the field, the Supreme Court has shut the doors to a judicial repeal of the Affordable Care Act today.

I think of a lot of stories when I think about what the Affordable Care Act has meant to the people of Con-

necticut. We have cut our uninsurance rates in half in Connecticut. We have one of the best running exchanges in the country. But one of the simplest stories is the only one I will convey as I wrap up this morning.

I was at the community pool that my family goes to in Cheshire, CT, and I was in the pool with my then 2-year-old just shortly after passage of the Affordable Care Act.

A young man about my age came up to me, and he said: Listen, I am sorry, Mr. MURPHY, to disturb you; I know you are here with your son, but I have a little boy, too, and he has a congenital heart problem. Every single day since he has been born, I have worried that he wouldn't get to live out his dreams because his life decisions would be dictated by whether or not he could get insurance to cover all of the complicated health care needs he is going to have and that would be determinative of his path in life, not his dreams, his desires for himself.

He said: I get it that this is going to help a lot of people in very practical and economic ways, but I just want to thank you because now I sleep better at night knowing that my son is going to be able to get covered, that my son is going to be able to lead a relatively normal life, and that he can be whatever he wants to be.

That is the benefit the Affordable Care Act brings people. It is not just practical. It is not just economic. It is not just the battle over whether somebody has health insurance. It is psychological. It is peace of mind.

The Supreme Court protected 6.4 million people from losing their health insurance today, but they also protected tens of millions of patients and parents and sons and daughters and grandparents from losing that peace of mind that comes with the protections from an Affordable Care Act that is working.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. HATCH. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. GARDNER). Without objection, it is so ordered.

KING V. BURWELL DECISION

Mr. HATCH. Mr. President, earlier today the Supreme Court issued its long-awaited ruling in *King v. Burwell*. As we now know, the Court has once again decided to rule against common sense and the plain meaning of statutory language in order to uphold the poorly drafted Affordable Care Act—which, by the way, Justice Roberts says has a lot of ambiguity and poor draftsmanship. Even worse, with today's decision, the Court's ruling failed to hold the Obama administration accountable for its reckless execution of its own law.

The plain text of the Affordable Care Act authorizes subsidies only through State exchanges, not the Federal exchange. This decision will allow the administration to continue to ignore the law in order to implement its own preferred policies.

(Mrs. FISCHER assumed the Chair.)

As Justice Scalia said in his dissent, “We should start calling this law SCOTUScare.” Only Justice Scalia would come up with something like that, which I find extremely humorous.

Justice Scalia continued, saying:

Perhaps the Patient Protection and Affordable Care Act will attain the enduring status of the Social Security Act or the Taft-Hartley Act; perhaps not. But this Court’s two decisions on the Act will surely be remembered through the years. The somersaults of statutory interpretation . . . they have performed will be cited by litigants endlessly, to the confusion of honest jurisprudence. And the cases publish forever the discouraging truth that the Supreme Court of the United States favors some laws over others, and is prepared to do whatever it takes to assist its favorites.

I couldn’t have said it any better myself.

Needless to say, I am disappointed at this decision, as I know many throughout the country are, but at the same time I am undeterred.

As I said on the floor last week, ObamaCare has been nothing but a long series of broken promises that include skyrocketing costs, reduced access to care, and more government mandates hanging over our health care system.

Today’s ruling changes none of that. Just because the Court decided to misinterpret, in my opinion, the statute doesn’t mean that the law suddenly works and that all is now right with the world. For the good of our health care system and hardworking taxpayers throughout our country, we still need to chart a new course on health care policy. Unfortunately, with the current occupant of the White House, those kinds of reforms are not currently possible.

But make no mistake, Republicans in Congress have a plan to help the American people by repealing ObamaCare and replacing it with reforms that will put patients—not Washington bureaucrats—in charge of their own health care decisions.

I am coauthor of the Patient CARE Act, a legislative proposal that would replace ObamaCare with real reforms that would actually reduce health costs without all the burdensome mandates that have come part and parcel with the so-called Affordable Care Act—which is anything but affordable. Moving forward, I, along with the co-authors of this proposal, Senator BURR and Chairman UPTON over in the House, will continue to seek input from experts and stakeholders and use every opportunity to give States more freedom and flexibility.

Once again, any workable reform must lower costs and put patients first. That is the only way we will end the

negative consequences of ObamaCare and help the American people move past this misguided attempt at health care reform.

The American people deserve better, and Republicans in Congress are united in our commitment to make sure we do better on health care reform in the future.

Now, I had suspected that this is the way the court would decide and it is a big enough bill that extremely clever judges could find a way to rule how they did today. And there are few justices as clever as the Chief Justice. I have tremendous respect for him.

And though he used his talents to uphold this law, he did it with aplomb and unparalleled legal skill. I have had colleagues bad-mouth the Chief Justice for this case and especially the *Sebelius* case.

What few of my colleagues remember, however, is that in the *Sebelius* decision, the Chief Justice led the way to preserve for States the right to make their own decisions with regard to whether to undertake a Medicaid expansion or not.

Under ObamaCare, the Democrats wanted to force the hands of the States—either expand the program, or you would lose all access to Medicaid funds.

That was coercion, pure and simple, and the Court ruled accordingly. And Justice Roberts wrote the opinion, which was joined, at least with regard to the Medicaid expansion, by all conservative justices on the Court.

The Court’s decision preserved a real and meaningful choice for the States, and States have used that ability to choose in different ways. Some have expanded Medicaid. Some have not. Some have tried to use waiver authority to craft solutions that work for them. This flexibility is how it should work.

All I can say is that the Chief Justice is a remarkable judge. He is a tremendous human being. I have a tremendous confidence in him and I believe in him. I differ with him on this opinion though. This ruling will not solve any of the problems inherent in ObamaCare, as we can see from the continually skyrocketing costs of health care and insurance coverage.

As I have said, clever judges can find ambiguities where none exist. Clever judges can find ambiguities that others may not be able to find. And despite the Chief Justice’s brilliance and integrity of character, we need to repeal ObamaCare and replace it with something better.

I believe, with Chairman UPTON in the House, and Senator BURR, that the Patient CARE Act is one of the best solutions out there. I urge all of my colleagues to read through our proposal and offer constructive criticism. We need an off-ramp from ObamaCare to an actually affordable, and privatized, health care system. Only then can we give every day Americans the economic growth and prosperity they deserve.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Colorado.

REACH ACT

Mr. GARDNER. Madam President, today I wish to discuss the REACH Act, legislation that I have introduced with my colleague, the senior Senator from Iowa, Mr. GRASSLEY, to establish a new category for critical access hospitals in financial distress.

Rural hospitals are an essential yet vulnerable part of our health care system. Rural residents face a unique set of challenges in relation to their urban counterparts. According to the American Hospital Association, rural residents are typically older, poorer, and more likely to have chronic diseases than those living in more developed cities. The unique challenges of caring for patients in underserved areas are not the only hurdles that face rural hospitals today. They have a hard time simply keeping their doors open.

Since January of 2010, approximately 55 rural hospitals nationwide have closed because they could not generate the kind of support or the volume necessary to continue operation. In Colorado, nearly 60 percent of care for patients in underserved areas is provided by hospitals dependent on rural payment mechanisms, and many hospitals are in danger of closing their doors.

I would like to share with you a story about the impact of a rural hospital in my hometown of Yuma, CO, as shared by the CEO of the hospital. Now, I will also tell you that the name of the CEO of the hospital is John Gardner. John Gardner also happens to be the name of my father. They are two different people. My father sells farm equipment. This John Gardner runs a hospital. I think I can tell you that both of them have gotten complaints.

My dad has gotten complaints about the emergency room bill, and John Gardner, this CEO of the hospital, has gotten complaints about a tractor overhaul bill. But they are two different people. But this John Gardner, the CEO of the hospital, does live right next to me in this small town of right around 3,000 people. This is what he said, the CEO of the hospital:

Because we are located in a rural farming community, we see many farming accidents and motor vehicle accidents. Gravel roads are not the driver’s friend. In partnership with the city ambulance service, we have invested a lot of time and training and equipment to be prepared to respond to these accidents. We have two young adults in our community who were involved in serious automobile accidents on gravel roads. Both had severe head trauma which without immediate stabilization would have had terminal outcomes.

Because of our hospital we were able to treat and transport both to level 1 trauma centers for complete treatment and following extensive rehabilitation are now back with their families.

Stories like this and the invaluable lifesaving services provided by rural